

**PETITION FOR UNIT CLARIFICATION OR MERGER**

(File original and 1 copy with the Maine Labor Relations Board,  
90 State House Station, Augusta, Maine 04333-0090.)

Purpose of Petition (check applicable box)

**G** Unit Merger

**G** Unit Clarification (UC)

Petitioner (incumbent bargaining agent or employer, only)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Petitioner's Representative for correspondence  
(if different)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Responding Party

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

1. Describe the existing or proposed collective bargaining unit; set forth the classifications of employees comprising the unit; and estimate the number of employees in each classification. If a position in an included classification is to be excluded from the unit, list each such specific position and set forth the basis for its exclusion. Continue on separate sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Provide the name, address and telephone number of any other employees or employee organizations other than the petitioner claiming to represent any of the employees in the unit to be clarified.

\_\_\_\_\_

\_\_\_\_\_

3. State what action or remedy the petitioner is seeking from the Board.

\_\_\_\_\_

\_\_\_\_\_

4. **G** (Check off for UC petition only) The parties are unable to agree on appropriate modifications, there is no question concerning representation, and the circumstances surrounding the formation of the existing bargaining unit have changed sufficiently to warrant modification in the composition of the bargaining unit. State what changes have occurred since the formation of the bargaining unit, the date(s) of their occurrence and the modification(s) that the petitioner proposes. Continue on separate sheet if needed.

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5. State the expiration date of any collective bargaining agreement covering employees in the existing or proposed bargaining unit and attach a copy. \_\_\_\_\_

6. State any other facts relevant to this Petition. \_\_\_\_\_

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Signed by: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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STATE OF MAINE

\_\_\_\_\_, ss. \_\_\_\_\_, 20\_\_\_\_  
(County)

Personally appeared before me, the undersigned authority at law, the aforementioned petitioner \_\_\_\_\_  
(name)  
in his/her capacity as \_\_\_\_\_, who, under the penalty of perjury, made oath  
that the foregoing Petition is true and correct to the best of his/her information and belief.

\_\_\_\_\_  
Notary Public